

PLAINTIFF United States of America	COURT CASE NUMBER CR 12-10226-DJC
DEFENDANT John Kosta, et al.	TYPE OF PROCESS Preliminary Order of Forfeiture
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>Assessor's Office</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>2 School Street, Baldwinville, MA 01436</i>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<i>Doreen M. Rachal, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210</i>	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Please serve the attached Preliminary Order of Forfeiture upon the above-referenced entity by certified mail, return receipt requested, or by regular first class mail if returned unexecuted.

CATS ID 12-FBI-006393

JLJ x 3297

Signature of Attorney other Originator requesting service on behalf of: <i>Doreen M. Rachal</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	(617) 748-3100	8/4/14

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <i>38</i>	District to Serve No. <i>38</i>	Signature of Authorized USMS Deputy or Clerk <i>S. J. O.</i>	Date <i>8/28/14</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
8/28/14 Time
 am
 pm

Signature of U.S. Marshal or Deputy
May 28

Service Fee <i>65</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
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REMARKS: <i>8/12/14 7011 0110 00001 3668 7206 28</i>

PRINT 5 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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